

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Workers' Compensation Commission		CONTACT PERSON James Rankin	TELEPHONE NUMBER (601) 987-4218	
ADDRESS 1428 Lakeland Drive, P. O. Box 5300		CITY Jackson	STATE MS	ZIP 39296 -5300
EMAIL jrankin@mwcc.ms.gov	SUBMIT DATE 8/26/13	Name or number of rule(s): Mississippi Workers' Compensation Medical Fee Schedule		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Certain provisions of the MS Workers' Compensation Medical Fee Schedule are being amended in order to maintain the efficiency of the Schedule as a cost containment tool. The Schedule was last updated in 2010, and since that time, changes in the way medical services are delivered and reimbursed make it necessary to update some of the rules contained in the Schedule. In addition, adjustments to the maximum fees allowed by the Schedule are necessary.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Sections 71-3-15(3), 71-3-85(5) (Rev. 2000)

List all rules repealed, amended, or suspended by the proposed rule: Mississippi Workers' Compensation Medical Fee Schedule

ORAL PROCEEDING:

- ☒ An oral proceeding is scheduled for this rule on Date: 9/19/13 Time: 9:30 A.M. Place: MS Workers' Compensation Commission, Hearing Room C
- ☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in ____ days
Effective date:
____ Immediately upon filing
____ Other (specify): ____

PROPOSED ACTION ON RULES

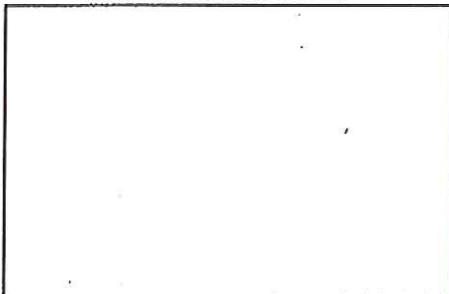
Action proposed:
____ New rule(s)
☒ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
____ 30 days after filing
☒ Other (specify): 11/1/2013

FINAL ACTION ON RULES

Date Proposed Rule Filed: ____
Action taken:
____ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
____ 30 days after filing
____ Other (specify): ____

Printed name and Title of person authorized to file rules: James Rankin, Senior Attorney

Signature of person authorized to file rules: 

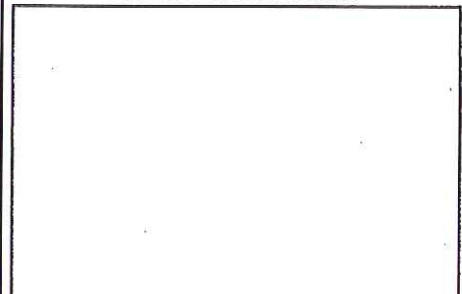
OFFICIAL FILING STAMP

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FILED
AUG 26 2013
MISSISSIPPI
SECRETARY OF STATE

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.